



## Incident Report

Guide \_\_\_\_\_ Group Name \_\_\_\_\_

Participant- M / F (Name) \_\_\_\_\_ Age \_\_\_\_\_

Date \_\_\_\_\_ Activity \_\_\_\_\_ Time \_\_\_\_\_

### **Part I.**

A. \_\_\_\_\_ Injury \_\_\_\_\_ Illness \_\_\_\_\_ Incident \_\_\_\_\_  
(Choose details from Part II & III)

B. First Aid Provided? \_\_\_\_\_ NO \_\_\_\_\_ YES by \_\_\_\_\_

Medical Evacuation? \_\_\_\_\_ NO \_\_\_\_\_ YES Method \_\_\_\_\_

Medical Facility? \_\_\_\_\_ NO \_\_\_\_\_ YES Doctor's Name \_\_\_\_\_

Day(s) Lost? \_\_\_\_\_ NO \_\_\_\_\_ YES How many? \_\_\_\_\_ Course Completed \_\_\_\_\_

Pre-existing Condition? \_\_\_\_\_ NO \_\_\_\_\_ YES Course # \_\_\_\_\_ Length  
\_\_\_\_\_ Day \_\_\_\_\_

C. Weather: Temp \_\_\_\_\_ Clouds \_\_\_\_\_ Rain \_\_\_\_\_ Winds \_\_\_\_\_ Visibility \_\_\_\_\_  
Sun \_\_\_\_\_

**NARRATIVE:** (Describe how the incident happened, include medical treatment provided, and disposition of victim. Attach physician's report if victim was examined and/or treated by one.)

\_\_\_\_\_  
\_\_\_\_\_

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**ANALYSIS:** (Include any recommendations, suggestions and observations)

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**Part I.**

**A. TYPE OF INJURY OR ILLNESS** (may be duplicated from Part I )

- |                                      |   |   |  |
|--------------------------------------|---|---|--|
| <input type="checkbox"/> Abrasion    | <input type="checkbox"/> Heat Stroke        | <input type="checkbox"/> Vertigo          | <input type="checkbox"/> Burn          |
| <input type="checkbox"/> Laceration  | <input type="checkbox"/> Allergy            | <input type="checkbox"/> Concussion       | <input type="checkbox"/> Puncture      |
| <input type="checkbox"/> Dermatitis  | <input type="checkbox"/> Contusion          | <input type="checkbox"/> Sprain           | <input type="checkbox"/> Fever         |
| <input type="checkbox"/> Fatigue     | <input type="checkbox"/> Strain             | <input type="checkbox"/> Gastrointestinal | <input type="checkbox"/> URI (Resp.)   |
| <input type="checkbox"/> Fracture    | <input type="checkbox"/> Infection          | <input type="checkbox"/> Hyperthermia     | <input type="checkbox"/> Urinary Tract |
| <input type="checkbox"/> Hypothermia | <input type="checkbox"/> Insect/Animal Bite |   |  |

Other: \_\_\_\_\_

Other: \_\_\_\_\_

**Part II.**

**A. CONTRIBUTING FACTORS or type of Near Miss/Incident**

(may check more than one )

- |   |                                       |                                       |
|---|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Clothing         | <input type="checkbox"/> Fatigue      | <input type="checkbox"/> Slip/Fall    |
| <input type="checkbox"/> Darkness         | <input type="checkbox"/> Speed        | <input type="checkbox"/> Misbehaviour |
| <input type="checkbox"/> Drugs            | <input type="checkbox"/> Rain         | <input type="checkbox"/> Instruction  |
| <input type="checkbox"/> Equipment        | <input type="checkbox"/> Medication   | <input type="checkbox"/> Supervision  |
| <input type="checkbox"/> Exceed Abilities | <input type="checkbox"/> Missing/Lost | <input type="checkbox"/> Unbelayed    |

\_\_\_\_\_ Falling Rock/Object

\_\_\_\_\_ Protection Failure

\_\_\_\_\_ Unfit Student

\_\_\_\_\_ Psychological  
Instruction

\_\_\_\_\_ Weather

\_\_\_\_\_ Failed to Follow

*Other:* \_\_\_\_\_

**Facilitator's Sign.:** \_\_\_\_\_

ATTENTION:- In case of foreigners involved in incident / injury the same has to be treated or followed as per the circular from the Ministry of Tourism regarding a procedure to be followed for foreigners taking medical treatment after coming to India.